

# REPRESENTATION PETITION

Is this an amended petition? ☐ Yes ☒ No If yes, provide the case number: \_\_\_\_\_

## PARTIES Include information for all parties involved.


**EMPLOYER** Valley Medical Center  
**Contact** Leslie Mackie  
**Title** Sr HR Business Partner  
**Address** 3915 Talbot Road S  
**City, State, ZIP** Renton, WA 98055  
**Phone** 425-690-4182 **Ext.** \_\_\_\_\_  
**Email** leslie\_mackie@valleymed.org

**PETITIONER** SEIU Healthcare1199NW  
**Contact** Akson Mounlamai  
**Title** Field Admin Assistant  
**Address** 15 S Grady Way, Suite 200  
**City, State, ZIP** Renton, WA 98057  
**Phone** 425-919-7201 **Ext.** \_\_\_\_\_  
**Email** aksonm@seiu1199nw.org

## CURRENT BARGAINING REPRESENTATIVE

(If One Exists) \_\_\_\_\_  
**Contact** \_\_\_\_\_  
**Title** \_\_\_\_\_  
**Address** \_\_\_\_\_  
**City, State, Zip** \_\_\_\_\_  
**Phone** \_\_\_\_\_ **Ext.** \_\_\_\_\_  
**Email** \_\_\_\_\_

## PETITIONER REPRESENTATIVE

**Name** Akson Mounlamai  
**Address** 15 S Grady Way, Suite 200  
**Phone** 425-919-7201 **Ext.** \_\_\_\_\_  
**Signature** 

## TYPE OF REQUEST Select ONE of the following.

- ☐ **NEW ORGANIZING** to be certified as the representative of employees currently unrepresented.
- ☒ **ADD UNREPRESENTED EMPLOYEES** to an existing bargaining unit as described in WAC 391-25-080.
- ☐ **CHANGE REPRESENTATIVE** of existing bargaining unit.
- ☐ **REMOVE REPRESENTATIVE** of existing bargaining unit.

## BARGAINING UNIT

For a new organizing petition, fill out section 2. For a petition to add unrepresented employees, fill out **both** sections 1 and 2. For a petition to change or remove the representative, fill out section 1.

### SECTION 1—Describe the Existing Bargaining Unit:

All full-time, part-time and per diem case managers and support and palliative care specialists at Valley Medical Center

**Number of Employees in Existing Unit** 25

### SECTION 2—Describe the Proposed Bargaining Unit:

**Number of Employees in Proposed Unit** \_\_\_\_\_

If a CBA exists, what is the expiration date? 2023

## SHOWING OF INTEREST

A showing of interest indicating the support of at least 30 percent of the employees in the bargaining unit must be filed with the petition. **See instructions for more information.**

**Title** Field Admin Assistant  
**City, State, ZIP** Renton, WA 98057  
**Email** aksonm@seiu1199nw.org  
**Date** 3/30/23

BEFORE THE PUBLIC EMPLOYMENT RELATIONS COMMISSION  
STATE OF WASHINGTON

SEIU Healthcare 1199NW

Petitioner/Complainant/Filing Party

v.

Valley Medical Center

Respondent/Responding Party

Case Number

CERTIFICATE OF SERVICE

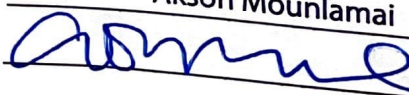
I certify that I served a copy of this *(title of document)* Representation Petition  
on all parties or their counsel of record on Mar 30, 2023

To:	Name	Leslie Mackie		
	Organization	Valley Medical Center	<input checked="" type="checkbox"/> E-mail	<input type="checkbox"/> First Class U.S. Mail
	Address	3915 Talbot Rd S	<input type="checkbox"/> Fax	<input type="checkbox"/> Certified U.S. Mail
	City, State, ZIP	Renton, WA 98055	<input type="checkbox"/> Hand Delivery	<input type="checkbox"/> Registered U.S. Mail
	Email	leslie_mackie@valleymed.org		
	Fax			
	Name	Theresa Braungardt		
	Organization	Valley Medical Center	<input checked="" type="checkbox"/> E-mail	<input type="checkbox"/> First Class U.S. Mail
	Address	3915 Talbot Rd S	<input type="checkbox"/> Fax	<input type="checkbox"/> Certified U.S. Mail
	City, State, ZIP	Renton, WA 98055	<input type="checkbox"/> Hand Delivery	<input type="checkbox"/> Registered U.S. Mail
	Email	theresa_braungardt@valleymed.o		
	Fax			
	Name			
	Organization		<input checked="" type="checkbox"/> E-mail	<input type="checkbox"/> First Class U.S. Mail
	Address		<input type="checkbox"/> Fax	<input type="checkbox"/> Certified U.S. Mail
	City, State, ZIP		<input type="checkbox"/> Hand Delivery	<input type="checkbox"/> Registered U.S. Mail
	Email			
	Fax			

I certify under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.

Date signed and submitted 3/30/23

Print Name Akson Mounlamai

Signature 

**From:** [Akson Mounlamai](#)  
**To:** [PERC, Filing \(PERC\)](#)  
**Subject:** Filing for recognition at Valley Medical Center  
**Date:** Thursday, March 30, 2023 2:14:48 PM  
**Attachments:** PERC VMC Case Management.pdf  
PERC VMC Case Management COS1.pdf  
VM Case Management Auth Cards.pdf  
VMC Case Management Signers.xlsx

---

## External Email

Greetings PERC,

Please accept this email as our notice to file for representation for Discharge Coordinators at Valley Medical Center (Renton, WA). They are intending to join our existing Case Management bargaining unit there. Please see attachments for all documents including:

1. Signed authorization cards from the interested workers
2. List of signers
3. PERC Representation Petition
4. PERC Certificate of Service

Copied on this email is our union counsel Laurel Webb. Please copy her on communications. Thank you and we look forward to next steps.

Best,

Akson Mounlamai  
SEIU Healthcare 1199NW  
*Field Admin Assistant*  
425-919-7201  
425-917-9707 (fax)  
[aksonm@seiu1199nw.org](mailto:aksonm@seiu1199nw.org)